



Public Health

ENVIRONMENTAL HEALTH DIVISION

MOBILE FOOD UNIT / PUSH CART COMMISSARY CHANGE AGREEMENT

Title 15A North Carolina Administrative Code 18A .2600 "Rules Governing the Sanitation of Food Service Establishments" specifies in section .2670 (d) that:

Pushcarts and mobile food units shall operate in conjunction with a permitted restaurant and shall report at least daily to the restaurant for supplies, cleaning, and servicing.

To be completed by the mobile food unit / pushcart operator:

Check one: ☐ Mobile Food Unit ☐ Pushcart

Name of Mobile Food Unit or Pushcart: _____

Operator Name: _____

Mailing Address: _____

Email: _____ Phone Number: _____

Completed by the permittee or owner of the restaurant located in Durham County:

As the permittee or operator of the restaurant facility noted below, I agree to serve as a commissary for the Mobile Food Unit or Push Cart named above. I understand that as a commissary for the Mobile Food Unit or Push Cart, I must allow access for the Mobile Food Unit or Push Cart to return for servicing on a daily basis. I will provide the following:

- ☐ I will provide a designated protected area for food and utensil storage, including refrigeration / freezer and dry storage area.
- ☐ I will label the designated storage spaces for the unit's exclusive use.
- ☐ I will provide use of the utensil sink to wash utensils used on the unit.
- ☐ I will provide an exterior wastewater collection system for disposal of wastewater.
- ☐ I will provide a protected connection to the potable water supply.
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- ☐ I will provide commissary access for the MFU/PC necessary to maintain rule compliance.

Name of Restaurant Serving as Commissary: _____

Restaurant Address: _____

Restaurant Phone Number: _____ Email: _____

Printed Name of Restaurant Owner: _____

Signature of Restaurant Owner / Permittee _____ Date _____



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Mobile Unit / Pushcart Operating Schedule

Provide an updated operational listing to the County Health Department once each month.

Fax 919-560-7830 or email: HealthInspector@dconc.gov

Submittal Date _____

Mobile Food Unit Name _____
Vehicle License Number _____
Operator Name: _____
Operator Email: _____
Home Address: _____
Contact phone: _____
Commissary Name: _____

☐ I plan on operating at one location

Operating Location/Address	Approximate Times

☐ I plan on operating at multiple locations or on a route.

List all locations where you plan to operate. If operating on a fixed route or in multiple locations indicate the approximate time (and dates, if applicable) you will operate at each location.

Operating Location/Address	Approximate Times

Operator Signature: _____

HD received date _____ Initials _____



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